

MEETING TITLE: Key Health Indicators

Date: November 13, 2006

Meeting Attendees: Amy Riffe, Art Starry, Christie Spice, Jude Van Buren, Cindan Gizzi, Bobbie Berkowitz, Don Sloma, Maxine Hayes, Ward Hines, Carrie McLachlan, Lyndia Vold, Katrina Wynkoop Simmons, Joan Brewster, Guests: Michael Dickey, Lindsay Caldwell, ASTHO
Staff: Mary Looker, Consultant: Marni Mason

ISSUES	DISCUSSION	DECISIONS	FOR ACTION
Welcome/Introductions	Jude Van Buren welcomed the members and review the packet materials		
Discussion of Indicators	<p>Lyndia Vold reviewed the comment and feedback process for the Statewide PHI indicators completed over the past two months The indicators have been discussed in 13 different committees including four forums of WSALPHO, PHND, EH, and PHELF. There is broad support for the indicators and the feedback went to the PHI-PM Subcommittee. The set of indicators was reviewed and discussion on the following occurred</p> <p>Childhood immunization – the most complete data set is the Medicaid Data set reported for Healthy Options by contracted plans. Child Profile is building its use and reporting capabilities. Not all of the providers in the state are entering data so the data on immunization coverage is not population based therefore rates cannot be calculated. Subcommittee discussed pros and cons of data sets- HEDIS, state rates from the CASA system and Child Profile</p> <p>A third chlamydia indicator was recommended to address the number of screenings, as the other two Chlamydia indicators address the number of reported positives, and the number of positives treated. Need to understand the data, how many screenings are done, will we have data for all counties?</p> <p>Discussion on the need to make sure the changes in Indicator on Unintentional Poisoning Hospitalization rates is written for the change in death rates to hospitalization rates.</p> <p>Child Health Insurance indicator does not meet the criteria of county level data. The data source of WA population Survey is collected every two years Discussion of the ability to ask this as BRFSS question.</p>	<p>Strongly promote child profile be fully populated and reported by all participating providers Medicaid</p> <p>Add a third chlamydia indicator to read the # of screenings</p> <p>Christie will work with Jennifer Sabel to update the information</p> <p>Recommend a question be added to BRFSS specific to Children's Health Insurance</p>	<p>Add the Childhood Immunization indicator to read: Percent of Medicaid (Healthy Options) children who are adequately immunized(4 doses DTP), 3 doses polio 1 dose MMR,3 doses HIB, 3 doses HepB and one dose Varicella) by two years of age Add to report the need to address the improvements needed for Child Profile so this data set can be used in future set of indicators.</p> <p>Research the criteria and data for this indicator</p> <p>Katrina will draft a letter for consideration of 2007 BRFSS</p>

Report Card Discussion	Jude led a discussion of the Report Card as one of the KHI's work plan objectives is to update the Report Card. The Report Card is not a report for the public health systems. The target is legislators and key policy makers. LHJ representatives were asked about their use of the report. The response was members do not use the report to address health concerns but rather use local data to discuss within their communities. Other states have requested more information on the templates and how we created the report card.	Recommend DOH determine its usefulness as it relates to statewide work and encourage adapting it to the Health of Washington	
Assessment in Action (AIA) and PHATT(Public Health Assessment Technology Tools) Report	<p>Christie presented an update on the Assessment in Action project using a handout. Staff and Local Assessment Coordinators participated in the Assessment in Action federal grant now in its fourth year which supported a number of project assessment activities to include:</p> <p>The web information clearinghouse, AssessNow, created to share templates, tool, and samples among staff.was launched as a new site,. A new course, Introduction to Community Health Assessment (CHA) course was developed and delivered to 19 LHJ staff in September. A Statewide Assessment Meeting was held in Wenatchee in September, four web training sessions on assessment topics were held using the I-Linc web conferencing system and five local public health staff received mentoring through the Community Health Assessment Mentorship Program (CHAMP) from peers in other LHJs.</p> <p>PHATT- created as a joint project between DOH and LHJs to:study local needs for assessment technology tools. A contractor has completed the assessment and identification of IT needs with recommendations for future development of IT tools for community health assessment PHATT Advisory Committee will use the contractor's analysis to develop final recommendations to the Key Health Indicators and Public Health Information Technology Committees in January 2006. Once recommendations are made, PHATT will be dissolved. Local and state public health leaders will decide how to implement and fund the recommendations. If the decision is made to implement the recommendations and funding is secured, a more detailed analysis of business requirements and a feasibility study will be need to be conducted.</p>		
Logic Model	Lyndia presented the Logic model developed by a small committee of Katrina, Riley, Cindan, Christie, and Lyndia. Members suggested clarifications and edits to include collection, use and quality of data. Added the plan for evaluation at end of year.	Logic model will be revised and presented at next meeting	
Review of Recommendations	Marni presented the recommendations for implementation. Edits were suggested to address data and the concern for funding BRFSS questions, cycles for re-evaluation of the indicators and the linkage to other efforts: The Recommendations will be reviewed at the next Subcommittee meeting.	Recommendations will be reviewed for adoption by the Subcommittee, then forwarded to the Performance Management Committee	Performance Management Committee will review for final adoption

<p>Report to the PM committee</p>	<p>Members discussed content of the PHI report and suggested the following comments:</p> <p>How to address the larger work of LHJ and State DOH</p> <p>The indicators do not represent a list of priorities.-</p> <p style="padding-left: 40px;">There may be and should be a broader set of infectious and communicable diseases that are monitored and reported on locally, (this needs to be addressed in the talking points) We are not trying to track every illness or disease, set of carefully selected indicators that met the criteria.</p> <p>Disparities should be addressed in text.</p> <p>Language specific to socio-demographics.</p> <p>Data- good quality data comes at a significant cost.</p> <p style="padding-left: 40px;">Confidence Intervals- add to the text for the talking points</p> <p style="padding-left: 40px;">Why aren't we rolling up the data and combining counties</p> <p>Specific to timeline for communication and linking to other work</p> <p style="padding-left: 40px;">How does this relate to the standards? (note: for Self Assessment Guide- and for the Indicator Report.)</p> <p style="padding-left: 40px;">How does it relate to the report card?</p> <p style="padding-left: 40px;">Provide linkages to the annual Infectious Disease Report, CHARS, other data, Communicable Disease Report, Health of WA</p> <p>Need timetable for all of this work e.g. what are next steps -Data Quality Subcommittee, plan for mid 2007 actual county by county data on website</p> <ul style="list-style-type: none"> • <p>Indicator report should be a stand-alone document- with one sheet Co. indicators and one with both the county and state data on it so counties can compare themselves</p> <p>Send to counties for review prior to sending out to all</p> <p style="padding-left: 40px;">Get communications DOH staff on board re: media and roll-out, template</p> <p style="padding-left: 40px;">Develop media piece, i.e. template with key messages for LHJs</p> <p style="padding-left: 40px;">Plan to have training on I-linc to explain data and use of, present to Regional Assessment Coordinators meeting.</p>	<p>Comments will be incorporated into the final draft of report</p> <p>Request will go out to KHI committee</p>	
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Evaluation	<p>Highlights of the Committee process and work to date:</p> <p>Important meeting to reach this stage, however we still have a long ways to go, data comes at a significant cost- there is a need to provide education on this</p> <p>There is a limitation of what we are doing and the big picture</p> <p>Need resources to answer the question. Good to have made a decision on the Report Card, good addition of BRFSS question on childhood immunization, good communication is needed on assessment capacity, what will the assessment capacity needed at the local level as there is the continual challenge to fund this essential function, ie. When the AIA funding goes away, then what. Grateful to have a list of Indicators. Committee members were thanked for their work and chairs and staff commended for their good work.</p>		
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Next Meeting: January8, 2007, I-Linc session, 10:00 am-12:00 pm